The VITALITY® Approach

A Guide for Leaders

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The VITALITE® Approach: A Guide for Leaders

Health Canada Santé Canada

Canada

What's Inside

Leaders' Materials

Leaders, Read Me First! 3

VITALITY: A Positive Approach to Healthy Living 7

Positive Self/Body Image 17

Healthy Eating 27

Active Living 35

Wrapping It Up 41

Making It Work: A Program Checklist 43

Camera-Ready Resources

Participants' Materials

The VITALITY Quiz

Are You an Apple or a Pear?

Boosting Self-Esteem

Vital Strokes

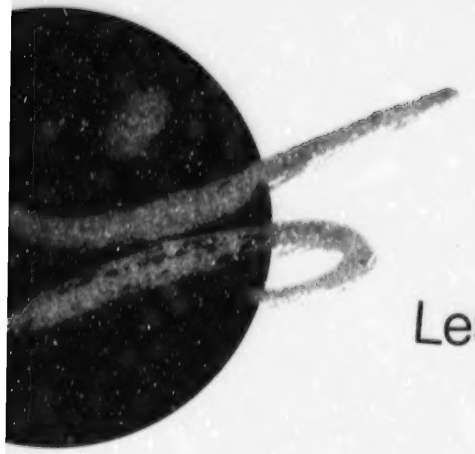
Food for Thought

Active Living — No Excuses

What I Like About Me

More Than Just a Body

LEADERS' MATERIALS



Leaders, Read Me First!

The VITALITY program guide includes background information as well as tips and tools on the VITALITY approach to healthy living, and on achieving and maintaining a healthy weight. It is designed to be used by Leaders working in the health promotion field — especially in the areas of healthy eating, active living and fitness, and healthy weights.

VITALITY: What is it?

VITALITY is an integrated approach that promotes healthy eating, active living and positive self and body image. The VITALITY approach encourages individuals to make healthy choices and promotes environments that make healthy choices easier. The VITALITY concept grew out of Health Canada's strategy (1990) to promote healthy weights. This strategy recommended focusing on health-enhancing behaviours to achieve and maintain a healthy weight, rather than focusing on weight itself.

VITALITY provides nutrition, fitness and other health professionals and leaders in schools, workplaces and communities with opportunities to take a more holistic approach by moving beyond weight control, calorie-restricted diets and prescriptive exercise regimes.

A flexible approach

It's all up to you and your group how you use the VITALITY program guide. Find out what participants' interests and health promotion concerns are, then use either the entire package or "mix and match" pieces to design a more tailored approach. The Leader's section provides background information that can be incorporated into presentations or used as the basis for group discussions. The participant sheets are reproducible and can be used as the focus of a group exercise or as an aid to explain key concepts and ideas.

The guide is not intended as a comprehensive program; rather, it provides general information and sample tools and techniques that you can build on. Try using them in combination with other "tried and true" resources or tools that you may already have on hand.

Building on community resources

Before you begin, make sure to find out what other resources and services are already available in the community and see if you can build on or adapt them to suit your requirements. There

may be a wealth of information already out there that will not only save you time and money, but provide you with a better program overall. (Many of the tools for Leaders and participant exercises in the VITALITY program guide are adapted from existing community resources.)

Investigate opportunities for involving other groups in the community in what you're doing, whether it's to share resources, get advice or provide funding or other support. Be creative, and remember that the partnerships and networks you establish now may serve you and the community well over the long run.

For more information

Make the most of the information sources available in your region or nationally. For example, try contacting one of the following:

- health units/local boards of health/district health councils
- local libraries
- community health centres
- CLSCs (Quebec)
- non-government associations such as the YM/YWCA, Heart and Stroke Foundation, Canadian Lung Association, Canadian Cancer Society, Dietitians of Canada
- national clearinghouses (e.g., National Clearinghouse on Tobacco)
- municipal and provincial Departments of Parks and Recreation
- provincial health ministries
- Health Canada (Nutrition Web site: http://www.hc-sc.gc.ca/nutrition)

A PARTICIPANT-CENTRED APPROACH*

As a Leader, your role is to help participants find out what they want to learn, and then help them learn it. Work with the group to plan what will happen in their sessions — ask what they want to learn and then develop plans based on their interests. Here are some guidelines that will help you develop and carry out programs using a "participant-centred" approach:

- Base your programs on participants' needs and interests.That means involving them in decisions about what issues will be addressed and how it will be done.
- Create a friendly, safe and non-judgmental atmosphere so participants will feel that their opinions are valued and respected.
- Encourage people to share their experiences and ideas. Discussion helps people feel involved and helps them to learn from each other.
- Design program activities that help people to understand their situations and figure out their own solutions to problems. Create opportunities for people to work with real-life, practical issues.
- Be sensitive to participant cues. Signs of restlessness or boredom, for example, could mean the topic area isn't of interest or that participants need a change of pace. Be prepared to change your session plan in mid-stream.
- Encourage participants to share responsibility for what happens in sessions. Many group members will have valuable skills to offer. For example, ask different participants to:
  - — sum up a discussion
  - — change topics when the group gets "stuck"
  - — offer solutions to problems or issues brought to the table by participants
  - — help with putting out food or displaying resources.

* Adapted from "Nobody's Perfect" Leader's Guide, Health and Welfare Canada in cooperation with the Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador, 1989.

VITALITY: A Positive Approach to Healthy Living

The VITALITY approach represents a major shift in thinking about weight and its relationship to healthy living. This section describes the shift to VITALITY and the scientific rationale that supports it.

A move in the right direction

A slim, strong, attractive body. Most Canadians want it; some Canadians spend years in repeated, self-defeating attempts to attain it.

There is nothing wrong with pursuing a healthy body. Indeed, people who take control of their health tend to have a lowered risk for chronic illnesses. The difficulty lies in the discrepancy between what weight is considered healthy and what many Canadians see as an ideal body weight. After decades of hearing the media and the fashion, food and fitness industries glorify unrealistic images of feminine thinness and male muscularity, many Canadians over-value their body weight and size as keys to attractiveness, success, happiness and good health. However, the number of Canadians who are overweight is increasing (see table "Weighing In," p. 15).

While a reduction in weight will improve the health of some overweight people, a fixation on weight reduction and an ideal body shape can lead to yo-yo dieting, weight cycling, restrictive eating, obsessive exercising and negative perceptions of body image.[1] Furthermore, the pursuit of a rigid standard for size and shape inevitably fails for most people over the long term. One- to two-thirds of lost weight is usually regained within one year and almost all is regained within five years.[2,3]

Rather than focusing on weight loss, VITALITY aims to enhance Canadians' physical, psychological and social well-being by encouraging them to enjoy eating well, being active and feeling good about themselves. VITALITY is also concerned with creating environments that support healthy choices. Homes, schools, workplaces and communities that support

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healthy lifestyles help empower people to make healthy choices about eating, being active and feeling good about themselves.

VITALITY basics

VITALITY's "feeling good about yourself" message draws attention away from society's preoccupation with weight and negative body image. Self-respect and acceptance of others are shown as the ways to enhance enjoyment and family life.[9]

The slogan "Enjoy eating well, being active and feeling good about yourself. That's VITALITY" is designed to promote the spirit and meaning of this positive approach.

The "eating well" component emphasizes a lifetime eating pattern based on *Canada's Food Guide to Healthy Eating*. Healthy eating conveys a sense of well-being and the opportunity to feel, look and perform better. Former dieters can take control of their eating behaviour by learning to eat according to internal hunger cues and thus decrease overeating and binging.[9] Because there is no rigid diet to follow, the guilt and the assault on self-esteem associated with a lapsed diet do not occur.[9] Instead, the focus is on meeting the body's energy and nutrient needs by enjoying healthy eating.

The "being active" component reflects the shift to active living, a way of life that values physical activity and makes it a part of daily living. Active living is based on a sound, scientific rationale in which studies have shown that moderate, everyday activities such as walking, dancing and yard work are important for health and longevity in the general population.[9] Similarly, sustained, moderate energy expenditure is more effective than bouts of high-intensity exercise in

HEALTHY WEIGHTS

Many people believe that health is automatically improved with weight loss and achieving a low body weight. This basic assumption has been challenged by several researchers[10,11] and the negative effects of dieting and weight cycling are now being examined closely.

Healthy weight is concerned with physical, social and psychological well-being. It urges social acceptance of a wider range of healthy weights and body sizes. Healthy weights promotes healthy eating (not dieting) and regular physical activity (not exercise), while discouraging social pressures for extreme slimness. The body mass index (BMI) and waist-hip ratio (WHR) are the recommended instruments for assessing weight as it relates to health.

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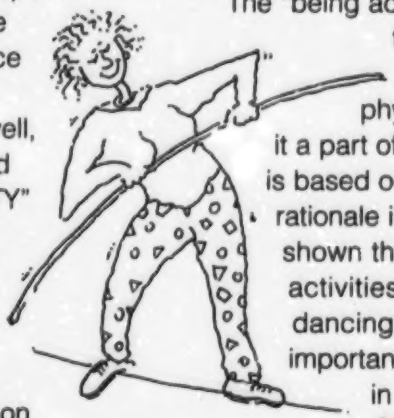

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managing body weight.[12] VITALITY portrays daily activity as an achievable and enjoyable goal.

VITALITY and healthy weights: a natural connection

In 1988, Health and Welfare Canada introduced the healthy weights strategy, promoting healthy eating (not dieting), regular physical activity (not necessarily intense exercise) and social acceptance of a wider range of healthy weights and body sizes. Working with health professionals, the university community and the voluntary sector, the Department conducted an in-depth investigation on the effects of weight, both underweight and overweight, on physical and psychological health.

The outcome of this investigation resulted in the development of the VITALITY approach. An indispensable tool for Leaders, VITALITY can help individuals to accept a variety of body shapes and sizes, and to achieve and maintain a healthy weight through the adoption of a healthy lifestyle.

Weight extremes

Contrary to common beliefs, obese people do not necessarily eat more than non-obese people[13] and fatness is not simply a matter of willpower.[14] In fact, the multiple causes of obesity reflect differences in genetic backgrounds, the efficiency of energy use and environmental, cultural, socioeconomic and psychological conditions.[15,16]

Obesity is associated with adverse changes in blood lipids, gall bladder disease, gout and osteoarthritis. Most studies show a strong association between excess weight and hypertension (especially in men) and between excess weight and diabetes (especially in women). Some indicate that there is an association between excess weight and endometrial cancer and breast cancer among postmenopausal women.[17] However, some of the basic assumptions about the health risks of obesity are now being challenged. Some of the risks attributed to obesity, such as hypertension and cardiovascular disease may in part be influenced by dieting rather than by obesity itself.[18] The psychosocial effects of being overweight may be as serious as the hazards to physical health. Currently society has a strong bias against overweight people who are typically stigmatized as "bad," "lazy" and "lacking willpower."[19]

Eating disorders (anorexia and bulimia) are the extreme result of weight dissatisfaction and dieting. Five to 15 percent of hospitalized anorexics die in treatment by literally starving themselves to death.[20] Bulimia is characterized by binge eating

followed by guilt, self-induced vomiting or the use of laxatives, excessive exercising, shame and depression. Eating disorders affect females mainly; only 5 percent of cases occur in males. The (Canadian) National Eating Disorders Information Centre estimates that anorexia nervosa occurs in approximately 1 to 2 percent of young women, and clinically significant bulimia nervosa occurs in approximately 2 to 3 percent of young women.[21] American researchers estimate that 5 to 10 percent of American girls and women are anorexic, and that 20 percent of women on college campuses binge and purge on a regular basis.[22]

The Shift to VITALITY

The VITALITY approach calls for a shift from negative to positive thinking about how to achieve and maintain healthy weights.

From a weight-centred approach

DIETING

- Restrictive eating
- Counting calories, prescriptive diets
- Weight cycling (yo-yo diets)
- Eating disorders

EXERCISE

- No pain, no gain
- Must be done three times a week in your target heart rate zone
- Burns calories
- High attrition rates for vigorous exercise programs

DISSATISFACTION WITH SELF

- Unrealistic goals for body size and shape
- Obsession and preoccupation with weight
- Fat phobia and discrimination against overweight people
- Striving to be a perfect "10" and to maintain an impossible "ideal" (thin or muscular) body size
- Accepting the fashion, diet and tobacco industries' emphasis on thinness

VITALITY and smoking

The VITALITY message, which promotes a holistic approach to feeling good about yourself, eating well, and being active, can provide people with positive alternatives to smoking. Regular physical activity is a valuable asset for those who are trying to quit smoking. Healthy eating practices can combat weight gain, help those who may gain a few pounds return to a healthy weight, and contribute to their overall well-being. Encouraging people to feel good about themselves and their bodies is an important part of any smoking prevention or cessation program. As self-esteem increases, people/individuals are able to take on the really tough challenges such as quitting smoking.

to the VITALITY approach

HEALTHY EATING

- Take pleasure in eating a variety of foods
- Enjoy lower-fat and complex-carbohydrate foods more often
- Meet the body's energy and nutrient needs through a lifetime of healthy, enjoyable eating
- Take control of how you eat by listening to your hunger cues

ACTIVE LIVING

- Value and practise activities that are moderate and fun
- Be active your way, every day
- Participate for the joy of feeling your body move
- Enjoy physical activities as part of your daily lifestyle

POSITIVE SELF AND BODY IMAGE

- Accept and recognize that healthy bodies come in a range of weights, shapes and sizes
- Appreciate your strengths and abilities
- Be tolerant of a wide range of body sizes and shapes
- Relax and enjoy the unique characteristics you have to offer
- Be critical of messages that focus on unrealistic thinness (in women) and muscularity (in men) as symbols of success and happiness

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Answering the tough questions

VITALITY's positive approach offers Leaders program options and opportunities to help prevent weight problems. Following are some questions that may arise in your programs. The building blocks of VITALITY, enjoyable physical activity, eating well, feeling good about yourself and learning to accept a variety of body shapes and sizes, provide some practical answers.

Q What should I tell people, especially women, who are already at a healthy weight and are still obsessed with dieting and losing weight?

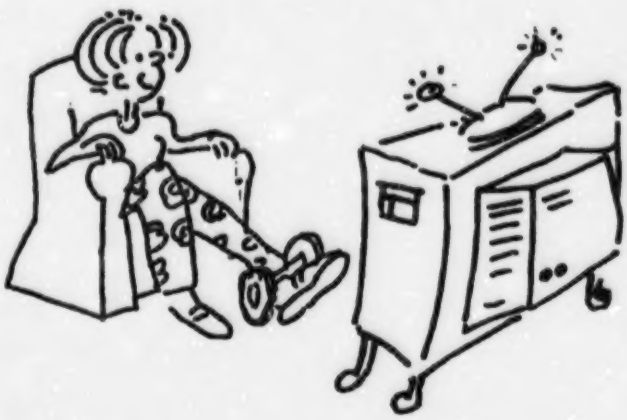
A Try to encourage participants to appreciate themselves and their bodies by:

- countering media and cultural messages that the only "good" body is a thin body for women, and very muscular for men;
- challenging common stereotypes about fat and thin, e.g., that fat equals failure, laziness, ill health;
- emphasizing personal development and realistic self-acceptance, rather than numbers on a scale;
- focusing on what is unique and attractive about their bodies, rather than on the features that can't be changed;
- reinforcing a balanced approach to healthy living that recognizes the long-term benefits of healthy eating, enjoyable physical activity and positive self and body image;
- making information available about the possible negative health impacts of dieting and overly regimented exercise.

Q Several of the people in my program are very sceptical, they've been to other programs and left feeling like failures. What should I do to encourage them?

A Practise the VITALITY approach and:

- reinforce the idea that there are no "failures" with VITALITY;
- reward/reinforce successes (however small) in adopting healthy behaviours;
- stress the incremental approach, small steps will help to ensure success;
- emphasize the value of everyone as an individual with unique strengths and characteristics;
- model good attitudes and habits yourself, for example, be aware of your own biases about body weight and work on them.



Q What should I do about people who believe that nothing can be done?

A You can't change people's behaviour unless they want to do something about it. However, here are some tips to keep in mind:

- stress the connections between feeling good about yourself and following a healthy lifestyle;
- work on setting realistic goals to increase physical activity levels;
- review *Canada's Food Guide to Healthy Eating* and discuss the opportunities for balanced, enjoyable eating;
- focus on the benefits of healthy eating and active living rather than on weight;
- stress the positive health impacts of achieving a healthy weight.

Q Many of the people in my program are looking for ways that will help them lose weight as quickly as possible. What should I do?

A The goal of VITALITY is not weight loss. Make sure participants know that:

- many factors (e.g., the media) affect people's body image and encourage them to adopt unrealistic ideals;
- most people who lose weight, and particularly those who lose weight rapidly, will gain the weight back;
- lifestyle changes that incorporate physical activity, balanced eating and feeling good about the way you look and feel may be a more effective and long-lasting way of improving your health;
- health indicators are more important than numbers on a scale.

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Healthy weights: the physical health benefits

Individuals who maintain a healthy body weight can reap the physical health benefits.

For example:

- *permanent* weight reduction can help to lower risk factors for heart disease by decreasing blood cholesterol, fat levels and high blood pressure;
- following a healthy eating pattern helps to keep the body's metabolism at a constant rate; over- or under-eating for prolonged periods can cause the metabolism to speed up or slow down significantly;
- stabilizing at a higher weight is healthier (i.e., 20% increase in heart disease) than losing and then regaining weight (i.e., 30% increase in heart disease).

(The above findings are reported in Frances M. Berg, "1993 Special Report: Health Risks of Obesity.")

HEALTHY WEIGHTS: SOME FACTS AND FIGURES

In 1994-95:

- 40% of women and 23% of men were trying to lose weight.
- Among 12 to14 year olds, 27% of girls and 14% of boys reported trying to lose weight.
- Among people who were at an acceptable weight, 37% of women and 8% of men were trying to lose weight.
- 70% of overweight women and 48% of overweight men were trying to lose weight.

Source: National Population Health Survey, 1994-95

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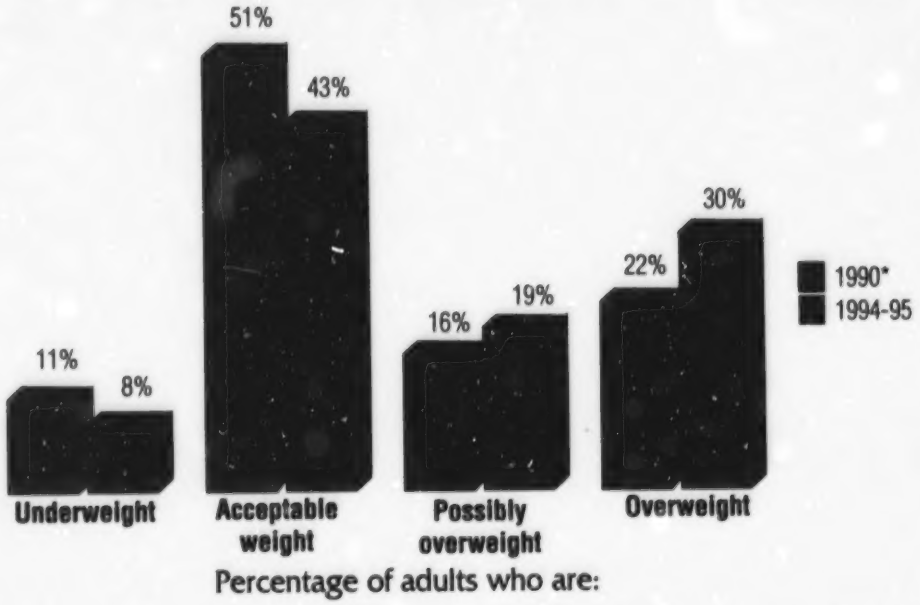
WEIGHING IN — 1990 TO 1994-95



* 1990 data are from *Health Canada's Health Promotion Survey 1990: Technical Report*, which defines acceptable weight as 20.0-25.0 and possibly overweight as 25.1-27.0.

Source: National Population Health Survey, 1994-95.

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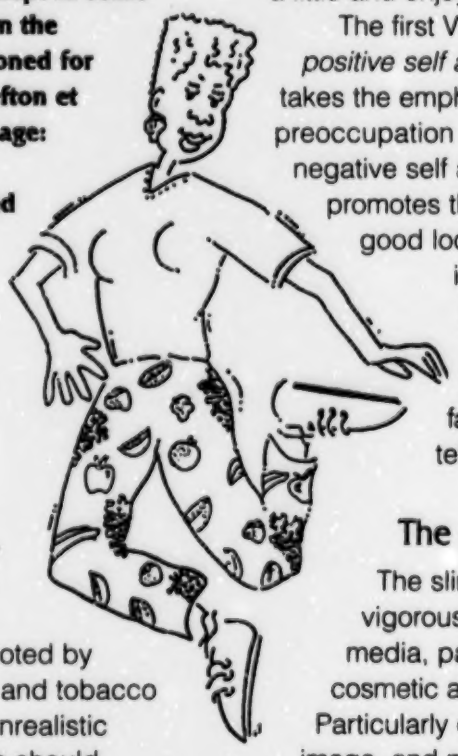
Positive Self/Body Image

Positive self/body image promotes acceptance of a wider range of healthy body shapes and sizes, and encourages people to celebrate their own uniqueness. This section explores the positive self/body image concept in some detail, relying in large part, on the results of a review commissioned for VITALITY (L. Wankle and J. Sefton et al. "Self-Esteem and Body Image: Structure, Formation and Relationship to Health-Related Behaviours," Ottawa: Literature Review for the VITALITY Project, 1994, Canadian Fitness and Lifestyle Research Institute).



Positive self/body image: what is it?

There are incredible pressures on people, especially women, to buy into the idealized body image promoted by the media and fashion, diet and tobacco industries. Many of us set unrealistic goals for the way our bodies should look; we spend a lot of time worrying about our weight and analyzing what we eat and how much we eat and feeling guilty.

VITALITY challenges the idealized image of bodies as acceptable only if they're thin. It permits, even encourages, people to accept that healthy bodies come in a range of weights, shapes and sizes. It tells us we should appreciate our own uniqueness, including our strengths and abilities. It tells us to relax a little and enjoy life. Finally!

The first VITALITY component, *positive self and body image*, takes the emphasis away from a preoccupation with weight and negative self and body image. It promotes the fact that healthy, good looking bodies come in a range of shapes and sizes, not just the ones we see on the pages of fashion magazines or television.

The role of the media

The slim ideal is promoted vigorously through the mass media, particularly by the diet, cosmetic and fashion industries. Particularly damaging to body image, and potentially to health, is the implicit message that this ideal can be achieved by anyone willing to work hard enough for it. This is an assertion that not only promotes frustration and guilt but flies in the face of genetic realities.

Slimness in western cultures is associated not only with success and sophistication, but with character virtues. Conversely, obesity is the opposite of all these things and, particularly in the case of women, is associated with failure and a collapse of self-discipline.

These messages are picked up early in life. Research, including a 1984 study by Rodin, Silberstein and Striegl-Moore, has found that children view good looking peers as smarter and friendlier, than unattractive peers — and assume them to be happier and more successful.[1]

This typecasting affects not only body image but other aspects of self-esteem including, specifically, perception of character. In the western culture, slim is promoted not only as beautiful, healthy and sexy but self-disciplined and good.[2] Attractive people are perceived to be kind, interesting, outgoing and to have a variety of socially desirable character traits. The unmistakable sub-text of this message is that people who vary from the model are the opposite of all these things.

These negative perceptions continue into adulthood. The obese, and particularly females, are not only stigmatized but are psychologically, socially and economically punished. According to one researcher, "fat can be construed as a symbol of power in men but always symbolizes weakness and inferiority in women."[3]

Several studies have documented the role of television, movies, magazines and advertising in setting up these models for emulation. A 1987 paper by Mike Featherstone, puts forward the concept of the "commodified body" promoted for merchandising purposes by the diet, cosmetic, fashion and fitness industries.[4]

Overweight and thin need to be viewed not as opposites but as points on a continuum without value judgments at either end. The researchers recommend that the health and well-being movement work to counteract the "commodified body" message of the cosmetic, diet, fashion and fitness industries, supported by the mass media.

People who are healthy and accept themselves on their own terms are in a stronger position to withstand the message. Canadian health promoters can help them do so by promoting the VITALITY program's approach of healthy eating, active living and a positive body image.

UNDERSTANDING SELF-CONCEPTS

Self-image or self-concept is the most inclusive "self" term. It describes how an individual perceives his or her characteristics and abilities and how an individual evaluates his/herself. Self-image is multifaceted and develops gradually as an individual matures and interacts with significant others.[5] Understanding the self begins at a very young age, before language is developed. In adulthood, self-image is largely linked to job or career success and relationships with family and friends. Unemployment and marriage break-up make adults particularly vulnerable to feeling negatively about themselves.[6]

Body image is the picture an individual has of his or her body — what it looks like in the mirror and what he or she thinks it looks like to others. To the extent that body image helps form self-image, dissatisfaction with one's body can have a dramatic effect on how people feel about themselves.

Self-esteem is defined as the evaluative component (i.e., how worthy one feels) and is a part of self-image. While many researchers use the two terms interchangeably, most of the literature related to self concepts and health refers to the self-esteem component. To measure self-esteem, most researchers consider several interrelated parts. One theory suggests that the top level is general or global self-esteem. The other parts are social self-esteem (relationships with parents, peers and intimate others), physical self-esteem (physical ability and physical appearance) and academic self-esteem (reading, math and other intellectual abilities).[7]

N.B. While one's self-image may change throughout life, one's fundamental sense of feeling worthy or unworthy (self-esteem) remains relatively stable. This points to the importance of ensuring nurturing, safe and loving environments for children and adolescents as the primary way to prevent low self-esteem and negative body image.

A SHIFTING VISION OF BEAUTY

Over the past century different body shapes have been projected by western culture and promoted as standards for fashion and sophistication.

The era	The look
1890s	Plump, voluptuous.
Early 20th century	Corseted, hour-glass, "Gibson Girl" look.
1920s	Flat-chested, slim-hipped, androgynous with emphasis on heavy use of cosmetics.
1930s and 1940s	Full-bodied, with emphasis on legs.
1950s	Voluptuous and curvaceous.
1960s to date	Thin, uncurvaceous (waif look).

Unrealistic expectations

A number of studies have shown a rise in the prevalence of body image problems among both men and women.[8-10] This dissatisfaction is primarily due to an increasingly thin standard of beauty (especially for women) and muscularity (especially for men). Role models on television, on billboards and in fashion magazines are virtually always thin. This focus on thinness and the pressure to lose weight has been linked to an increased incidence of anorexia, bulimia, weight preoccupation and periodic dieting.[11] Body image problems are affecting people at a younger age than ever before. One study found that half of young women aged 14 to 18 believed they were too fat; approximately 44 percent of them were dieting.[12] For women of all ages, body image takes on a disproportionately important role in the determination of self-esteem. When unrealistic goals are not met, feelings of failure contribute to further drops in self-esteem and an increase in body image dissatisfaction.[13]

In growing numbers, men are striving to achieve the ideal of the young, lean, muscular body. In the 1980s, men were experiencing more body dissatisfaction, weight preoccupation, and concern with physical attractiveness and body shape than in the two preceding decades.[14]

Because of the belief that body size and shape are totally under a person's own control,[15] men and women sometimes enter diet and exercise programs with unrealistic expectations. Attempting to bridge the gap between expectations and reality may have psychological and physical costs such as feelings of shame, failure and deprivation, yo-yo dieting and, in men, the use of hormones and steroids.[16]

The high cost of low self-esteem

Self-esteem is the foundation of psychological well-being. Anxiety disorders, depression and suicide are strongly associated with low self-esteem.[17] Studies link low self-esteem with disturbed body image, dropping out of physical activity, eating disorders, substance abuse, abusive relationships and interpersonal problems.[18] It is important, however, to recognize that social and living conditions such as poverty, abuse, inequity and racism contribute to these problems, and that low self-esteem in itself is not the cause.

Distinguishing features that characterize individuals who possess high or low self-esteem (self-image) have been proposed. Individuals with high self-esteem characteristically:

- perceive themselves in a positive way and appreciate their own abilities, potential and limitations;
- present themselves with confidence and tend to deal with demands and stress in an assertive and effective way;
- perceive that they are loved and respected by significant others.

Individuals with low self-esteem generally:

- are more passive and dependent in reacting to stress and demands, and are more likely to conform to social pressures;
- are pessimistic about their abilities and tend to be shy, depressed and anxious about the future;
- tend to experience difficulties in relationships and rarely assume positions of leadership.

Picking up social cues

Health and well-being are linked to self-esteem and a positive body image. People who feel good about themselves and their bodies tend to lead more physically active lives, follow a pattern of healthy eating and are less likely to be smokers. Recent studies have demonstrated that people's self-esteem and body image are influenced by social interaction through two processes: "reflected appraisal" and social comparison.

Reflected appraisal

"Reflected appraisal" refers to a theory which goes back to the turn of the century. It suggests that we see ourselves as others see us, or as we think they do, using a sort of psychological radar to pick up perceived reactions. "Perceived" is the operative word because research has demonstrated that a person's reading of others' opinion is conditioned by self-evaluation and may not necessarily be accurate.

Furthermore, some studies show gender differences in these perceptions, with females tending to attach more importance to their physical appearance than males. Both sexes use weight and body-shape as the main criteria for physical attractiveness. However, as one study puts it, "whereas men primarily view their bodies ... as tools that need to be in shape and ready for use, women primarily see their bodies as commodities, their physical appearance serving as an interpersonal currency."[19]

The research also suggests that the extent to which this perception of external appraisal shapes our judgment of ourselves, depends on the importance to us of the people providing it. Particularly influential are the reactions of "significant others," people whose opinions make a difference to us.

The cast changes with time. One study in the review for VITALITY[20] indicated that among fifth and sixth graders, parents and siblings are the most important influences. For seventh and eighth grade students, friends are the most significant others. Among first-year university students, parents, friends and teachers are important influences.

Social comparison

The other shaper of body image is social comparison, people rating themselves in relation to others, with points awarded for similarities and points forfeited for differences. This assessment is based on standards set by the popular culture. In many societies, physical attractiveness is defined to a significant extent by the shape and size of the body. But the specifications vary. In less developed countries where food is at a premium, the robust look is considered attractive for both sexes and all ages because it epitomizes status and wealth. In more affluent countries, including Canada, the currently prevailing beauty ideal is slim. The corresponding male ideal is the muscular mesomorph.

It has not always been that way. In the 1890s, the feminine ideal was plump and women worried about being too thin.[21] This model was supplanted, early in the century, by the corseted, hour-glass ideal and, later by the flat-chested androgynous look — which women of the 1920s sought to achieve through starvation diets and strenuous exercise. The depression years saw the return to a body ideal which emphasized hips and bosom. Since Twiggy in the 1960s, the prevailing ideal in the west has been slim.

Supporting research

The impact of these models on attitudes has been confirmed by research. For example, in a 1985 study, reported in *The Journal of Abnormal Psychology*, researchers showed American college students drawings of figures ranging from very fat to very thin and asked them to pick the ideal.[22] Overwhelmingly, females chose the thinner figures and males the larger ones. A survey of Australian students produced similar results.

Other studies focusing on body image distortion indicate that females tend to believe they are heavier than they are and want to lose weight. An evidence has built up in the research associating distorted body images in women with unhealthy dietary practices and with eating disorders such as anorexia and bulimia.

Worry about weight is common to both sexes but is particularly pronounced among middle-class women; and it extends across all age groups. Results of a 1992 study show that girls as young as nine years of age had distorted body images and worried about their weight.[23]

The male ideal, in western culture, is the muscular mesomorphic body. Males (including overweight ones) tend to think they are thinner than they are and want to gain weight. In general, men show less dissatisfaction with their bodies than women. But the use of steroids, by some adolescents, to build muscular bodies, suggests that they too may be suffering the health effects of negative body image.[24]

The research is mixed on the issue of differences by ethnic and socioeconomic groups. A study of British women of Afro-Caribbean, Caucasian and Asian descent found that women in all these groups were concerned about body weight and shape. On the other hand there were significant differences in actual and preferred body weights among white and black American women. Black women who reported "no problem" with weight, tended to be either of average weight or overweight. White women who made the same self-diagnosis, tended to be thin.[25]

Research is more complete on differences between socioeconomic groups. Overweight is more common among people with lower incomes, underweight is more common at the other end of the scale. A 1990 study of adolescent concerns about weight and eating found that girls from high schools in relatively affluent areas tended to be thinner than girls from schools in poorer districts. They were nevertheless more worried about weight.[26] The incidence of anorexia nervosa appears to be highest among white, middle-class to upper-class families.[27]

M121

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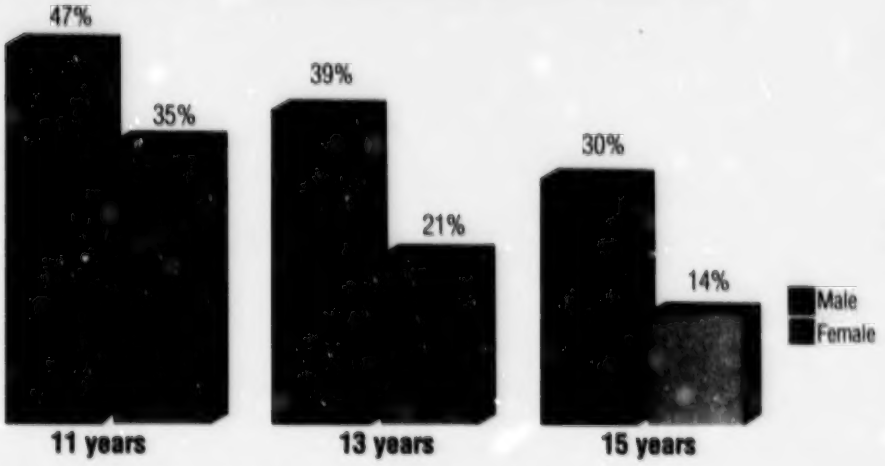
PERCENTAGE OF CANADIAN STUDENTS WHO ALWAYS FELT CONFIDENT



Source: WHO Regional Publications, 1996.

ESTIMATED PERCENTAGE OF ADOLESCENT WOMEN WHO HAVE EATING DISORDERS

Anorexia 1% to 2%

Bulimia 2% to 3%

Source: Eating Disorder Information Centre, 1993.

Facts and figures

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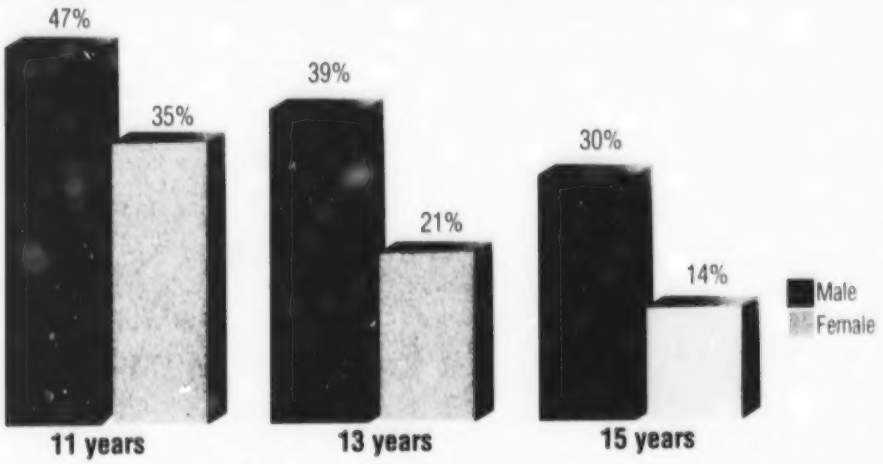

Source: WHO Regional Publications, 1996.

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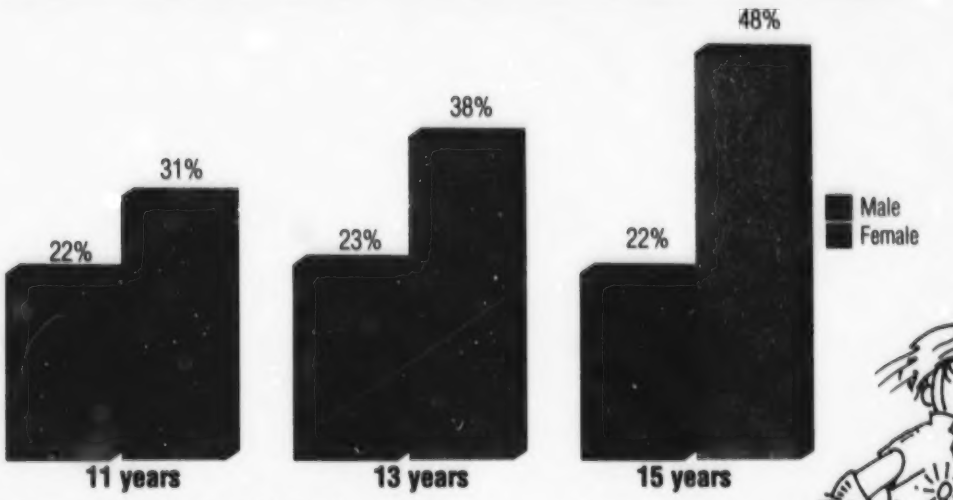
Bulimia 2% to 3%

Source: Eating Disorder Information Centre, 1993.

PERCENTAGE OF CANADIAN STUDENTS WHO WERE EITHER ON A DIET OR FELT THE NEED TO LOSE WEIGHT



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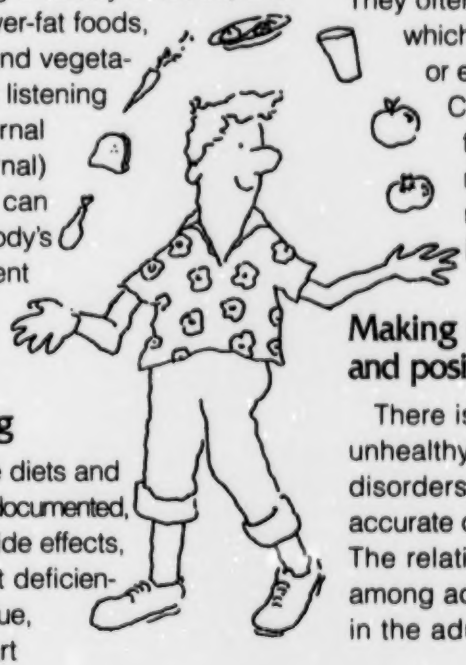
Healthy Eating

Research shows that most dieting programs don't work and can even have negative health impacts. Healthy eating encourages people to enjoy a wide range of foods.

Healthy eating: what is it?

The old weight-centred approach to eating included restricting the types of food you ate, dieting and counting calories. The result? Giving up, weight cycling or "yo-yo" diets and eating disorders.

VITALITY encourages everyone to take pleasure in eating a variety of foods, and to emphasize lower-fat foods, grain products, and vegetables and fruit. By listening to the body's internal (rather than external) hunger cues, we can eat to meet the body's energy and nutrient needs over the long term.



Risks of dieting

Very low calorie diets and fasting have well-documented, adverse physical side effects, including nutrient deficiencies, chronic fatigue, hypertension, heart irregularities, anemia, hair loss, gallstones and diarrhea.[1-3] The failure to maintain weight loss by dieting can also cause psychological distress including feelings of failure, anger, rejection of the body and lowered self-esteem.

The health impact of chronic (long-term), restrictive eating has also been examined.[4,5] Many women undereat to maintain a slim physique. Often, health is compromised by undernourishment, starving and binging, smoking and overexercising to lose weight. Restrictive eaters suffer from low self-esteem, depression, anxiety and preoccupation with food.[6] They often have feelings of deprivation, which can create periods of binging or even a full-blown eating disorder.[7] Chronic dieting, which may lead to a depression in the basic metabolic rate and lean body mass, may also lead to increased body fat and weight gain.[8]

Making the links: healthy eating and positive self/body image

There is a strong link between unhealthy nutritional practices, eating disorders and people's perceptions, accurate or otherwise, of their bodies. The relationship is particularly evident among adolescents but it is also strong in the adult population.

Research into the complex relationship between self-image, body image, body weight and eating practices has been carried out against the background of a rising concern among adolescents (particularly girls) about diet, weight and physical appearance. Also on the increase is the use of extreme measures to control weight. According to studies from the 1960s, adolescents of that era dieted or exercised to reach their "ideal" weight. Their counterparts of the 1980s were more likely to be supplementing such measures with induced vomiting, fasting and the use of diuretics, laxatives and appetite suppressants. Nutrition experts find these trends particularly disturbing since these patterns of behaviour are often precursors of severe eating disorders such as anorexia nervosa and bulimia.[9]

Researchers seeking insights into these trends have noted an equally sharp increase in young people's preoccupation with body image. These worries are virtually twice as prevalent as they were 20 years ago and they are taking hold at an earlier stage.[10] Studies indicate that, in general, girls begin to worry about weight and diet between the ages of nine and eleven. But a 1992 study has found six and seven year olds fretting about their figures too.[11]

Some studies cited in the review focus specifically on the link between body image and various unhealthy behaviours including excessive dieting, overeating and preoccupation with weight.[12]

Dissatisfaction with weight and body size is relatively common among adult women. This can lead to chronic patterns of restrictive eating and sometimes to excessive exercising to control weight. Prolonged calorie restriction, in turn, can result in a negative self-image and a distinctive personality whose traits are "passivity, anxiety and emotionality."[13]

Healthy eating is an important part of promoting well-being, although its direct relationship to self-esteem is unclear. While it stands to reason that individuals who feel good about themselves would make healthy food choices more often, studies have not been done to verify this common sense assumption. It is clear, however, that low self-esteem is linked to negative eating behaviours such as dieting, binging and purging.

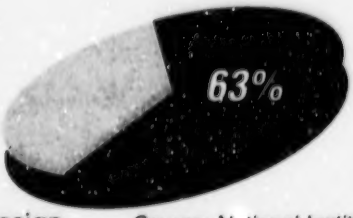
The losing game

In 1993, *Consumer Reports* asked 19,000 readers who had gone through a commercial diet program about their experiences. Typically, dieters regained half their lost weight in one year and much of the rest in the second year (median). One quarter of the sample (worst maintainers) regained all their weight, and more, within nine months. About 30 percent of respondents were in the healthy weight range and had no clear health reason to try to lose weight.

RECOGNITION OF CANADA'S FOOD GUIDE TO HEALTHY EATING

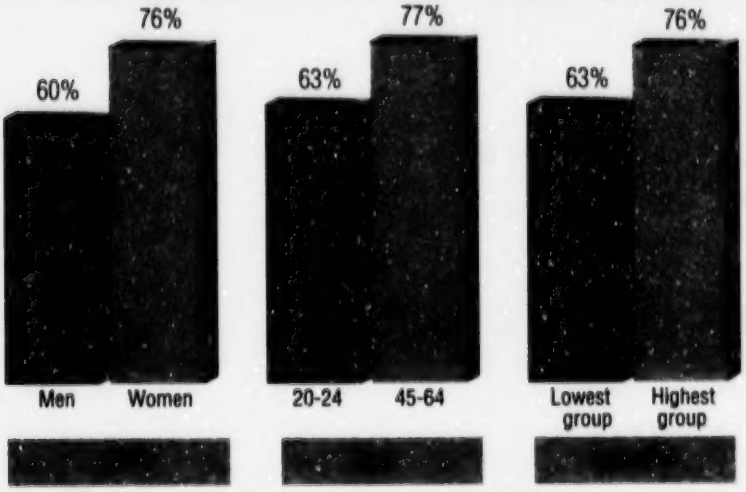
The percentage of people surveyed who ...

- Recall having seen the Food Guide rainbow design



Source: National Institute of Nutrition, 1997.

WHO'S CONCERNED ABOUT FAT?



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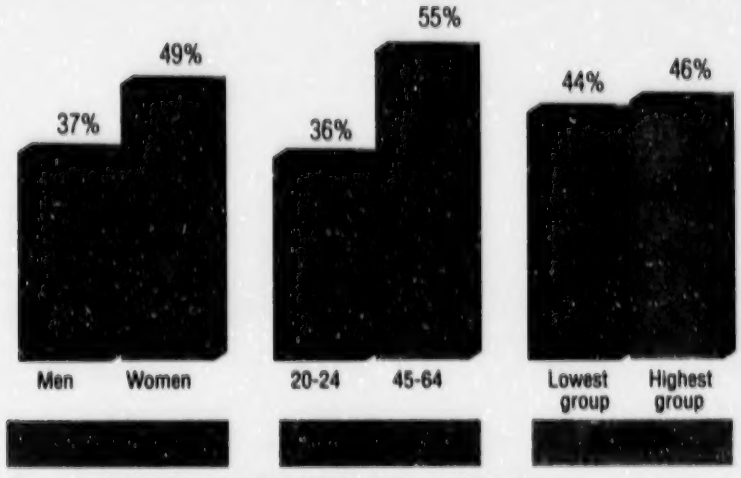
ROOM FOR IMPROVEMENT

Percentage of grocery shoppers who say ...	1991	1996
• My diet could be healthier	54%	59%
• My diet is as healthy as it possibly could be	12%	8%

Source: Consumerline Canada. Food and Consumer Products Manufacturers of Canada, 1996.

WHO'S CONCERNED ABOUT STARCH AND FIBRE?



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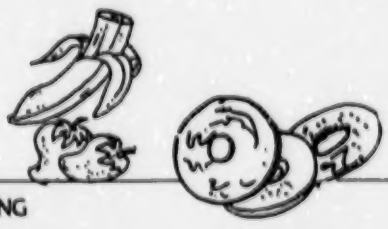

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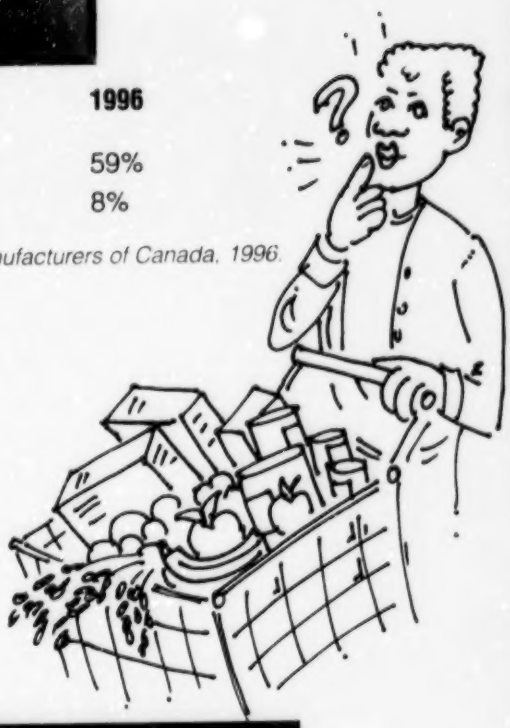

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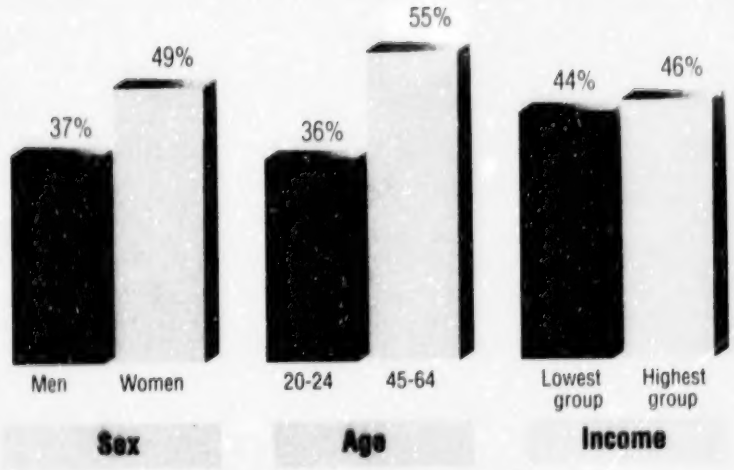

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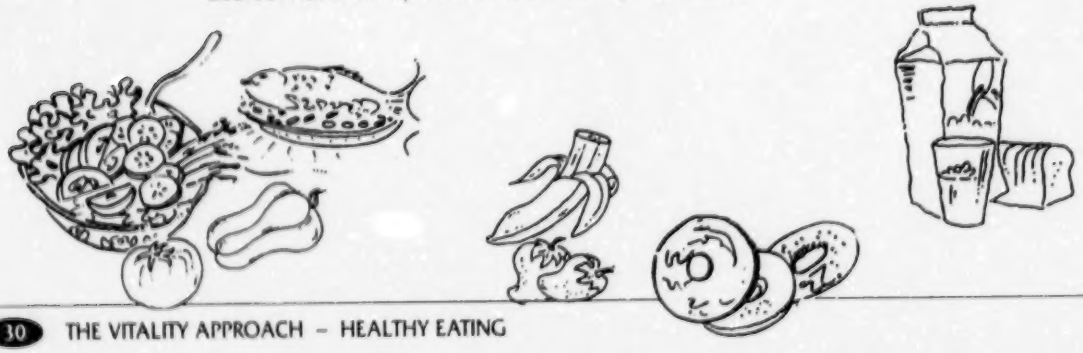
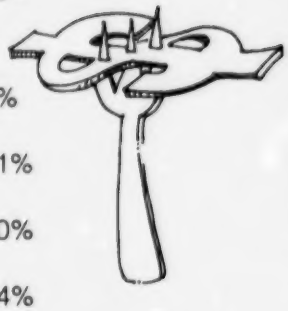


DIET AND INCOME

Percentage of people who believe their household does not have enough money for a healthy diet:



Of all Canadians	8%
Of students and those who are unemployed	21%
Of those whose household income is less than $25,000	20%
Of those who describe their eating habits as "fair" or "poor"	14%

Source: National Institute of Nutrition, 1997.

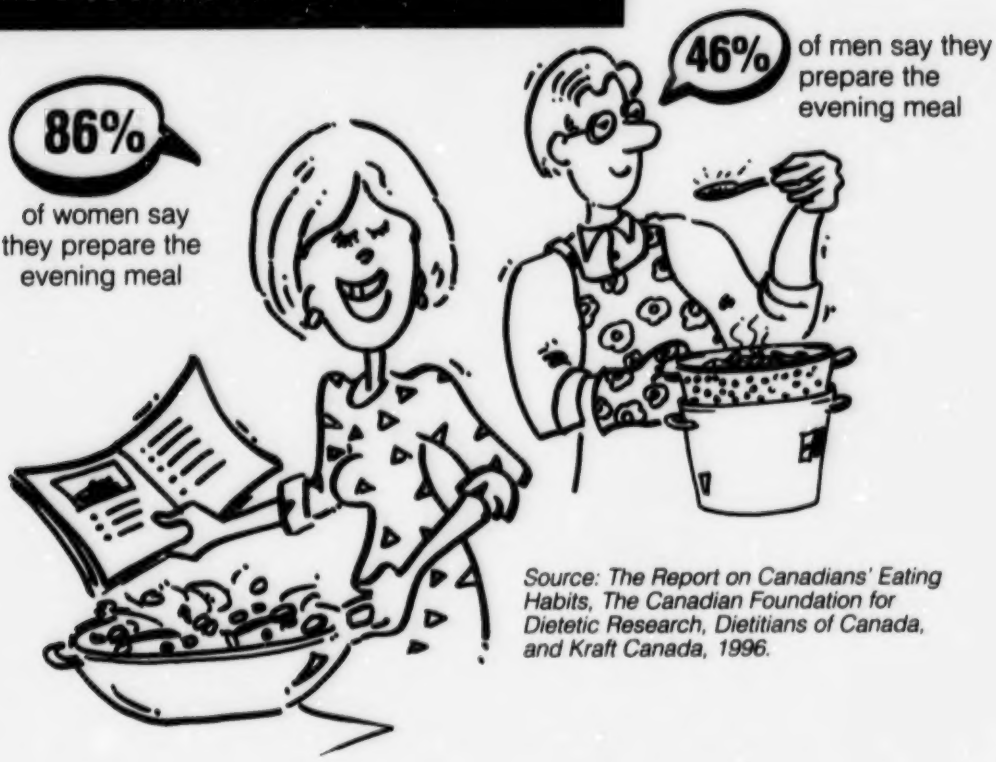
HOW IMPORTANT ARE EACH OF THESE FACTORS WHEN CHOOSING WHAT TO EAT?

Percentage of Canadians who say ...

Taste	93%
Nutrition and health	89%
Ease of preparation	68%
Preparation time	66%
Price	62%
Weight control or dieting	55%

Source: The Report on Canadians' Eating Habits, The Canadian Foundation for Dietetic Research, Dietitians of Canada, and Kraft Canada, 1996.

WHO'S COOKING DINNER?



Source: The Report on Canadians' Eating Habits, The Canadian Foundation for Dietetic Research, Dietitians of Canada, and Kraft Canada, 1996.

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Active Living

Active living is an essential component of VITALITY. It is a way of life in which physical activity is valued and integrated into daily life. Active living moves away from traditional prescriptive exercise programs that either turned people off, or encouraged them to overdo.

Active living: what is it?

Traditional approaches to exercise told people there was no gain without pain. To be any good at all, exercise programs had to be three times a week and vigorous enough to keep your heart rate up in the target zone. The goal of exercise was to burn calories. Given this approach, it's not surprising that many people dropped out of exercise programs altogether.

VITALITY's approach to active living stresses the importance of doing activities that feel good for you and that are moderate and fun. This approach reflects *Canada's Physical Activity Guide to Active Living*. The goal isn't to burn calories, but to enjoy the feeling of movement and to make it part of your everyday life.

Active living is more than just physical fitness or exercise. It means making physical activity a part of daily living, whether it's gardening or taking the dog for a walk or taking the kids out to fly a kite. Active living encourages everyone, not just people who are young and fit, to get up and get moving.

Risks of prescriptive exercise

Specific exercise programs are useful for motivated Canadians who wish to improve their fitness levels. However, an approach that focuses on high intensity and cardiovascular exercise alone may not be enjoyable for some Canadians and can turn off those who are unwilling or unable to engage in strenuous exercise. Some of these people (many of whom have other risks for heart disease, such as smoking) have given up on physical activity altogether.

At the other end of the spectrum, some people who engage in extreme levels of exercise may have a disorder similar to anorexia nervosa.[1] *Exercise addicts* use activity as an end in itself rather than as a means to physical fitness, and develop the same

dependence on exercise as dieters have on diets.

Prescriptions for weight loss through exercise (e.g., calorie-burning charts) may negatively affect other aspects of wellness, especially self-esteem and body image.[2,3] Focusing on weight and body size in an exercise program may also, in susceptible individuals, increase the likelihood of developing an obsessive attitude toward exercise. Research is demonstrating that excessive exercisers tend to have negative body images and weight preoccupations.

Making the links: physical activity and body image/self-esteem

Is there a link between a physically active lifestyle and a positive body image? And if so, which comes first, the chicken or the egg? According to a recent review of the literature, the answer to the first question is yes; and to the second, neither, they go together.

What impact has the recent growth of the fitness industry had on women's body image? On the positive side, more women are enjoying increased opportunities and encouragement to be active. Women who are active tend to have more positive body images, and hence higher levels of self-esteem. On the negative side, the trend toward ultra-thinness may be reinforced in fitness advertising and by instructors who overemphasize weight control through exercise. Seventy percent of Canadian women believe that physical activity is one of two best ways to lose weight.[4]

In general, men are less concerned about weight than women. Men, in contrast to women, seem to be more concerned with physical fitness and physical success than with physical attractiveness.[5] When men do describe what affects male attractiveness, they say that upper body appearance, strength and overall muscularity are most important.[6] Recent studies of young men have associated body image dissatisfaction with undesirable body building practices such as the use of anabolic steroids.[7]

Evidence suggests that participation in various types of physical activity (e.g., sports, aerobic activities, dance, weight lifting) leads to an increase in self-esteem for most people.[8] Psychological gains seem to be greatest for those who are unfit, a justification for the approach which encourages sedentary people to enjoy daily activities in which they will succeed.[9] In a literature review of the therapeutic effect of physical activity on personality, the following guidelines for physical activity leaders are suggested:[10]

- Provide a balance of activities between ones that improve cardiovascular fitness and ones that cause people to drop out because they are too strenuous.
- Make programs flexible enough to take differences in individual fitness levels into account.
- Work with others in the community to integrate physical activity into everyday life and culture.

Individuals who engage in physical activity are more likely to follow a pattern of healthy eating which includes eating lower fat and higher complex carbohydrate foods more often and eating breakfast.[11]

A comprehensive literature review has also shown an association between self-esteem, body image and physical activity.[12] People of all ages who are active have a better image of themselves than those who are not active. Results of other studies indicate increases in self-esteem in various groups of people and for a variety of physical activities. Improvements in self-esteem were particularly pronounced in those who initially had lower self-esteem.

Results of studies with children also show an increase in self-esteem with physical activity. However, a few studies suggest that physical activity sometimes promotes a distorted body image and an unrealistic desire to lose weight. In addition, participants in certain sports may be at risk for nutritional or weight management problems. Many gymnasts, skaters, dancers and marathon runners, for example, tend to have a greater preoccupation with their weight and diet. Recent increases in steroid use, aimed at building a muscular body, point to yet another form of dissatisfaction with the body.

Several of the studies cited in the literature review[13] focus specifically on the link between physical activity including sports and exercise, and other health-related behaviours.[14] Among the findings, those who are regularly physically active:

- tend to manage their weight;
- follow a healthy eating pattern, consume less fat, more complex carbohydrates and fibre. This relationship is particularly marked among the very active;
- tend to be non-smokers, because they recognize it as an unhealthy behaviour with a negative impact on energy levels.

Furthermore, the research implies that simple physical fitness and aerobics programs seem to do more for the self-esteem of children than complex activities. And one study indicates that exercise is particularly good for the self-esteem of children with a disability.

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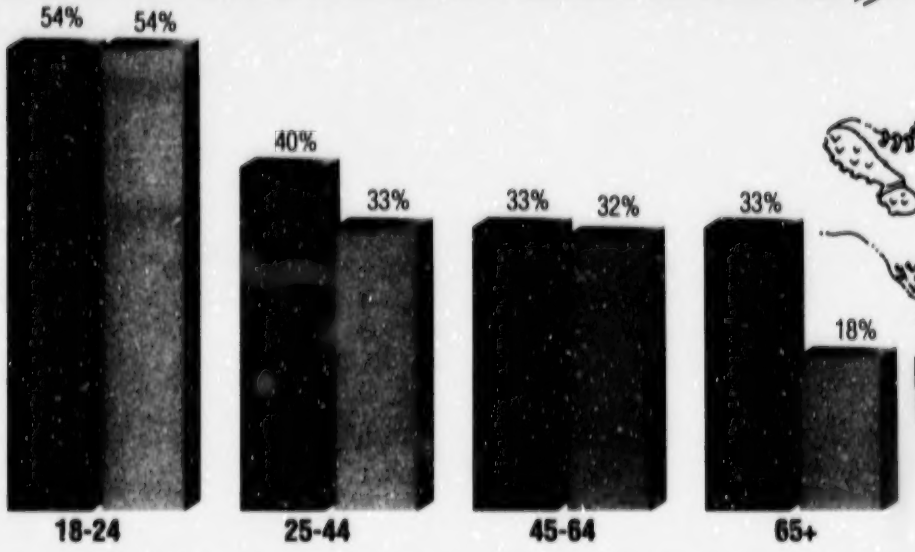
PERCENTAGE OF CANADIANS AGED 18+ WHO ARE ACTIVE AT A LEVEL EQUIVALENT TO WALKING ONE HOUR/DAY



Source: 1995 Physical Activity Monitor, Canadian Fitness and Lifestyle Research Institute.

INTENTIONS FOR FUTURE ACTIVITY

Fully intend to be active	46%
Seriously think about being active	25%
Sometimes think about being active	25%
Report no intention to be active	4%

Source: 1995 Physical Activity Monitor, Canadian Fitness and Lifestyle Research Institute.

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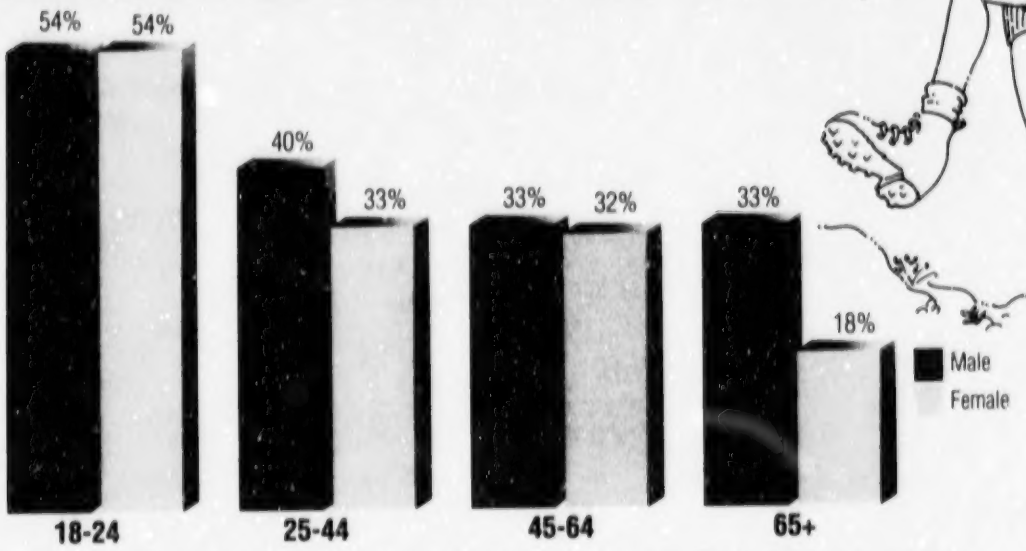

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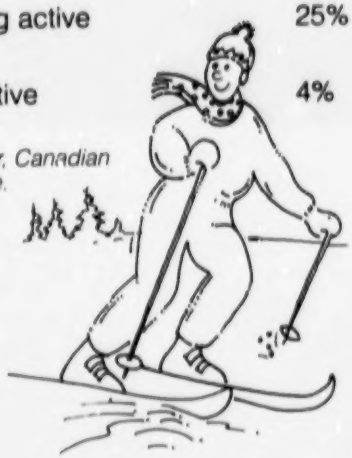

CANADA'S MOST POPULAR ACTIVE LIVING ACTIVITIES

1. Walking
2. Gardening
3. Home exercise
4. Social dancing
5. Swimming

Source: 1995 Physical Activity Monitor, Canadian Fitness and Lifestyle Research Institute.

MOST POPULAR ACTIVITIES PEOPLE FIT INTO THEIR SCHEDULE

1	Taking the stairs instead of the elevator	80%
2	Choosing to do light chores for exercise	67%
3	Choosing to do heavy chores for exercise	66%
4	Commuting by walking	64%
5	Commuting by bicycle	24%

Source: 1995 Physical Activity Monitor, Canadian Fitness and Lifestyle Research Institute.

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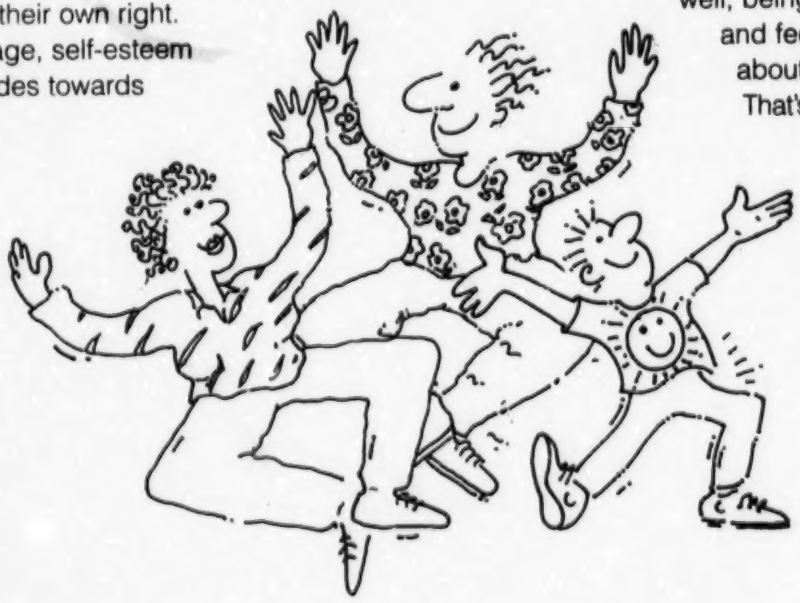
Wrapping It Up

Physical, psychological and emotional health are closely linked. Improving body image, as well as attitudes and behaviours with respect to physical activity and healthy eating requires action at both the micro- and the macro-cultural levels. Parents, teacher, friends and significant others have a role to play in providing reassurance, positive reinforcement and appropriate models.

The goal should not simply be to sharpen individual competence, where that goal is realistic, but self-acceptance where it is not. The message from parents, teachers, friends and other significant others should be that people are worthy in their own right.

Self-image, self-esteem and attitudes towards health are highly influenced by social and environmental factors. This means that promoters of the VITALITY approach need to focus beyond the individual and make an effort to create environments that reinforce positive self-esteem and healthy lifestyle choices. We must reject societal values that devalue people because of body size or shape. At the macro level, the health and well-being movement should work, through mass communication, educational and other means, to counteract the negative effects of "commodified body" propaganda.

Health promoters have a persuasive and positive message for the public: "enjoy eating well, being active and feeling good about yourself. That's VITALITY."



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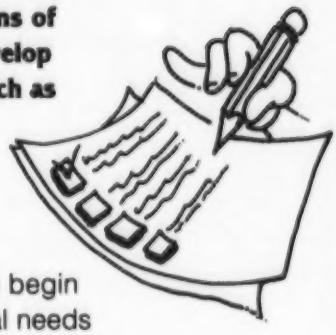
Making It Work: A Program Checklist*

There are four main steps involved in setting up health promotion programs. For example, if you're planning a VITALITY healthy weights program for women, try following these steps to ensure that you're ready to begin. The actual content of the program and of individual sessions will depend on the interests and concerns of participants. Leaders can also use the format suggested here to develop programs focusing on other health promotion areas of interest, such as stress management and smoking cessation.



1 Start up

The first step is to find out what participants want. Before you begin your program, you'll want to do some type of formal or informal needs assessment as well as a quick inventory of what resources are available, both in and outside your community:

- ☐ the most appropriate number and length of sessions (options can range from one four-hour session to ten sessions of one hour, for example)
- ☐ facilities, refreshments, child care, special needs and transportation requirements
- ☐ content needs and interest of participants, from general interest areas (e.g., weight loss) to specific topics/questions relating to healthy weights (e.g., reducing fat intake, making time for physical activity)

Remember ...

- for some women, a modest charge for attending a program can be a barrier
- literacy levels and readability (i.e., size of text) of all handouts, advertisements, etc., should be appropriate to your audience

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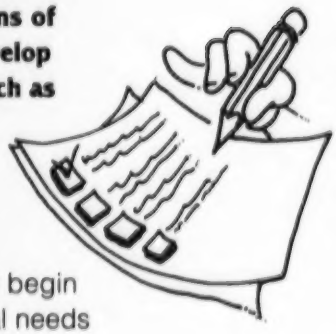

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- literacy levels and readability (i.e., size of text) of all handouts, advertisements, etc., should be appropriate to your audience

2 Prepare a program outline

At this stage, you should decide the topics to be covered during each session of your program. When the outline is complete, you'll have an overview of the entire program. The outline can be adjusted as needed, according to the feedback you get from participants.*

In developing your program outline:

- ☐ itemize the interests and expectations of participants
- ☐ priorize topics by the most frequently mentioned
- ☐ decide where each topic will work best in your outline (space the most popular topics throughout the sessions)
- ☐ establish learning objectives for each topic area

Remember ...

Be flexible! Keep in mind, for example:

- cultural attitudes and practices that influence food preparation and consumption
- the importance for women (particularly older women) of their traditional role as food preparers and servers
- individual or group needs, barriers and opportunities for support (family and other) around healthy lifestyle practices

3 Plan sessions and learning activities

While the content will vary, each session will follow a basic format, including:

- ☐ an introduction (review the agenda, do some warm-up (icebreaking) activities, check on participant expectations, set any ground rules)
- ☐ the main part (conduct a mix of learning activities related to a specific topic area)
- ☐ conclusion (summarize the main points covered during the session, review/evaluate what happened, discuss plans for the next session)

A learning activity is something the Leader does to accomplish the learning objectives. There are a variety of methods you can use, including:

- group discussions
- questions and answers
- problem solving
- brainstorming
- role play
- demonstrations
- presentations

Remember ...

A good mix of learning activities in each session and throughout the entire program will keep things interesting. Ask participants what methods work best for them.

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4 Monitor and evaluate your program

The information you get from monitoring and evaluating your sessions will help you figure out what participants learned, what they liked and disliked, and what changes should be made.

Over the long run, keeping good records about each session can save you time and effort. Make notes as you go so that the next time you lead a group you'll know whether something worked or if you changed anything and why.

You can evaluate your session/program at three different levels:

- **Reaction** — did participants like the session?
- **Learning** — what did participants learn from the session?
- **Impact** — are participants using what they learned in their daily lives?

Talking to participants informally throughout the sessions and asking them to complete an evaluation form at the end of the program will help you to evaluate how participants are reacting to the program as well as what they are learning. To find out whether the program has had an impact, you may want to follow up informally or administer some type of impact survey after the program is complete.

Remember ...

When evaluating your program or session, check back to see what objectives you originally set and decide whether they were met or not.

* Adapted from "Nobody's Perfect" Leader's Guide, Health and Welfare Canada, in cooperation with the Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador.

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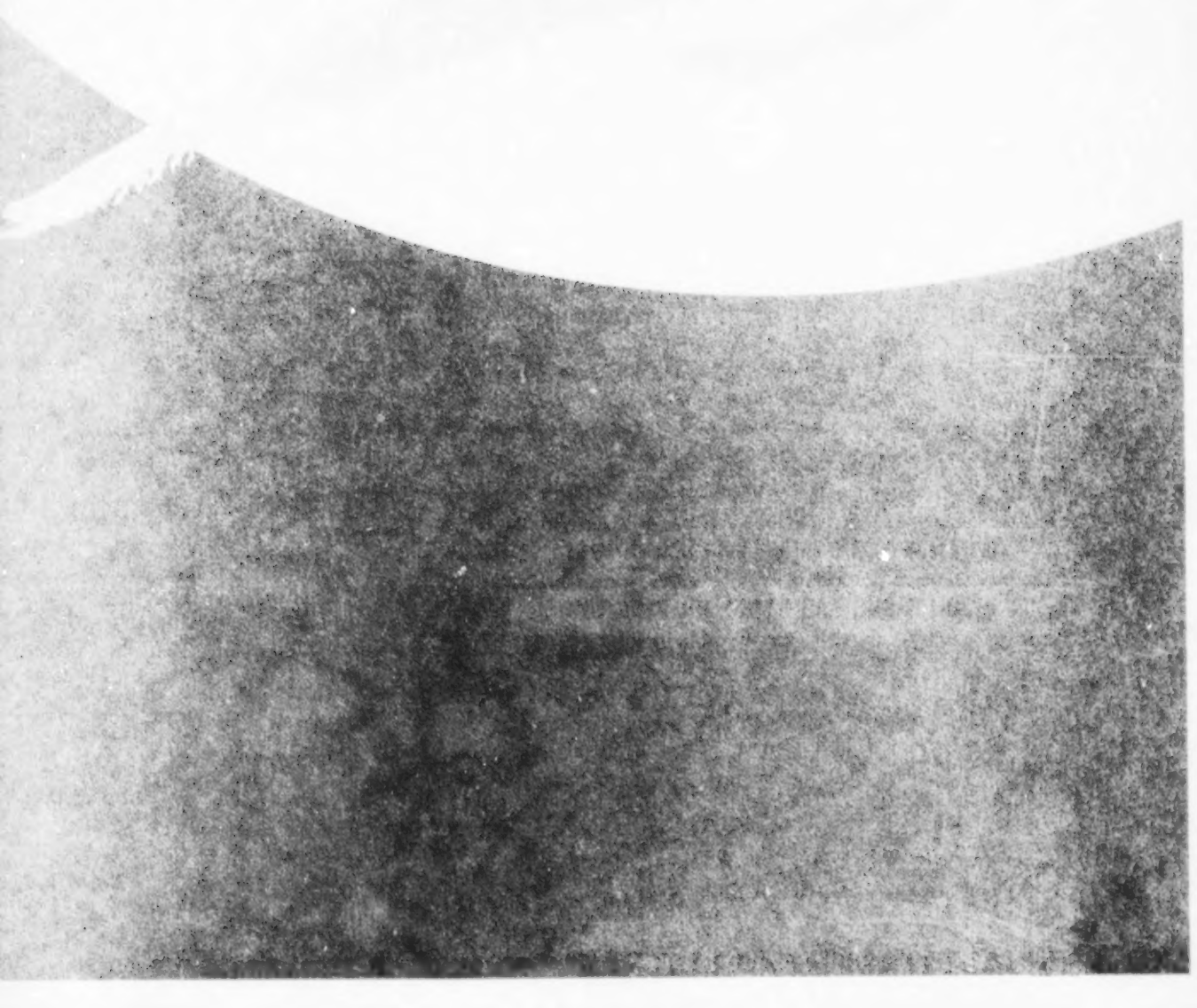
PARTICIPANTS' MATERIALS



The VITALITY Quiz

Healthy eating. Active living. Positive self and body image. See how much you know about the healthy pleasures of VITALITY.

	True	False
1. Losing weight is a good way to improve your health.	⬭	⬭
2. Dieting is the best way to lose weight.	⬭	⬭
3. *Canada's Food Guide to Healthy Eating* recommends complex carbohydrates as our main source of food energy.	⬭	⬭
4. Almost half of Canadian women who have a healthy weight or are underweight are trying to lose weight.	⬭	⬭
5. Calisthenics or "spot reducing" exercises are the best way to reduce body fat and tone muscles.	⬭	⬭
6. Self-esteem, how worthwhile you feel, is strongly affected by the people around you.	⬭	⬭
7. Women tend to score higher than men on measures of self-esteem.	⬭	⬭
8. Almost half of young males who use steroids say they are using them to change their appearance.	⬭	⬭
9. Physical activity has a positive effect on self-esteem.	⬭	⬭
10. VITALITY promotes a vigorous, disciplined approach to improving your lifestyle.	⬭	⬭

Turn page over to find out all the answers

Answers

1. **False.** Losing weight will not necessarily improve your health. If you are at a healthy weight, losing and regaining weight (yo-yo dieting) is more harmful to health than maintaining a steady weight. Eating well, being active and feeling good about yourself is a good way to stay healthy.

2. **False.** Dieting is seldom successful in keeping lost weight off. Most people gain back about half of what they have lost within one year and they regain most lost weight within five years.

3. **True.** *Canada's Food Guide to Healthy Eating* recommends eating more complex carbohydrates such as starch and fibre. These foods include cereals, breads, rice, pasta and other grain products, vegetables and fruit. The Food Guide suggests that you eat less fat and replace your food energy by eating foods with more complex carbohydrates.

4. **True.** Four out of ten Canadian women with a healthy weight and one in ten women who are underweight are still trying to lose weight. Even though 35% of men are overweight (compared to 26% of women), men do not demonstrate the same desire to lose weight.

5. **False.** Calisthenic exercises do not "spot reduce" body fat. Aerobic activities such as brisk walking can help reduce your body fat, but it is lost throughout your body, not from one place. Exercises for a specific body part, for example sit ups, will tone and strengthen underlying muscles but they will not reduce the layer of fat on top of the muscles. So enjoy being active, your way, everyday.

6. **True.** Self-esteem (how worthwhile you feel) is strongly affected by people in your life. When your partner, family and friends communicate love and respect, you will maintain a good sense of self-worth. And by helping and accepting others, you can encourage self-esteem in them.

7. **False.** Studies have shown that males have higher self-esteem than females at all ages. The difference is especially great during the teenage years.

8. **True.** One study found that as many as 83,000 young Canadians between the ages of 11 and 18 have used steroids in the last 12 months. Fifty-four per cent of male users say they use steroids to be better in sports; almost half say that they use steroids to improve their looks.

9. **True.** Studies have shown that active people have higher self-esteem than people who are inactive. Improving your level of physical activity helps you feel strong and capable.

10. **False.** VITALITY does not urge you to "go for the burn," restrict the foods you eat or give up television forever. ViTALITY is about eating tasty, nutritious meals, staying active, sharing happy times with people you care about and believing in your own self-worth.

Enjoy eating well, being active and feeling good about yourself. That's

You an Apple or a Pear?

Most people believe that excess weight is bad for your health. But research has shown that it is where excess fat is stored on the body that is the key link to the risk of future health problems.

Apple-shaped people store body fat around the abdomen and chest, surrounding internal organs, such as the heart.

Pear-shaped people store fat on the hips and thighs, just below the surface of the skin.

The good news for Pears is that the excess fat they store in the lower body is not necessarily a risk to their health. Apples, however, have a higher risk for heart disease, stroke, diabetes, high blood pressure and gall bladder disease. Even when Apples and Pears have similar body weights, these diseases progress faster and more seriously in Apples than in Pears.

Does your body shape change when you lose weight? It depends on whether you are an Apple or a Pear. When Apples lose weight, they do reduce the fat in the upper body, so they look different (and reduce their risk of disease). Pears also tend to lose fat in the upper body, so even when they lose weight, their overall shape does not change much. In short, a Pear will always be a Pear.

(continued...)

What's your waist-hip ratio (WHR)?

To decide if you are an Apple or a Pear, try this simple waist-to-hip measurement.

- Measure your waist at the smallest part. Waist = _____ inches.
- Measure your hips at their widest. Hips = _____ inches.
- Divide your waist measurement by your hip measurement. WHR = _____
- Assess your health risk

Lower Risk

- WHR less than 0.8 for women
- WHR less than 1.0 for men

Higher Risk

- WHR greater than 0.8 for women
- WHR greater than 1.0 for men

The Waist Hip Ratio (WHR) is a measure of trunk fatness. It is a good indicator of weight as a risk factor for diseases such as heart disease. The Body Mass Index (BMI) is another measure for assessing overall weight and risk to health. The BMI measures weight in relation to height. If you are concerned about your WHR, contact your local public health department to find out more about healthy weights and the BMI.

The bottom line

For most people, a few extra pounds is not harmful to their health. If you are an Apple with a higher WHR, consider talking to a dietitian about making changes to your eating patterns and talk to a fitness instructor about increasing your level of physical activity. If you are a Pear with a healthy weight, focus on eating well, being active and feeling good about yourself. Respecting your body the way it is, is a healthier alternative than dieting.

Enjoy eating well, being active and feeling good about yourself. That's

Boosting Self-Esteem

Feeling good about yourself is an important part of VITALITY. Self-esteem is based on how you see your abilities and your worth as a person. People with low self-esteem are often shy, anxious, and depressed. They are negative about themselves and their abilities. Because they don't feel worthwhile, they are more likely to do things that are not good for their health, such as going on starvation diets and smoking. People with high self-esteem tend to be secure and confident. They see themselves and their abilities positively. Because they know it is important to take care of themselves, they are more likely to eat well and to stay active.

Comparing yourself to the perfect men and women you see on television and in magazines and movies is hard on your self-esteem. We all know these images. Ideal women handle their jobs, homes, and kids with ease, and continue to be thin, well-dressed and beautiful. Ideal men are big, strong and successful in life. When we compare ourselves to these "perfect" people, we forget how little appearance really matters in life. We may also believe that to be perfect we have to suffer, to go without enough food or rest or exercise. Then, when we do not develop the perfect body, we think we have failed and our self-esteem becomes even lower.

Self-esteem boosters

How can you avoid the "ideal image trap" and boost your own self-esteem, as well as the self-esteem of those you care about? Here are some suggestions.

Check the ideas that could work for you.

- ⬭ Be positive about yourself and accept compliments that point out your strengths and abilities.
- ⬭ Be realistic about what you can do. Trying to be perfect and comparing yourself with other people can damage your self-esteem.
- ⬭ Recognize that everyone makes mistakes. When you make a mistake, do not put yourself down. You can learn from your mistakes.
- ⬭ Listen carefully to others, without judging.
- ⬭ Respect people's differences. Recognize their strengths and accomplishments. Acknowledge the things others do that help your family, your workplace and your community.
- ⬭ Support and encourage other people's efforts to learn new things.
- ⬭ Give people in your family unconditional love. For example, when a child does something wrong, make it clear that you dislike the behaviour, but you still love the child.
- ⬭ Spend time with people who make you feel good. Do things that make you feel worthwhile.

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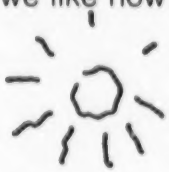
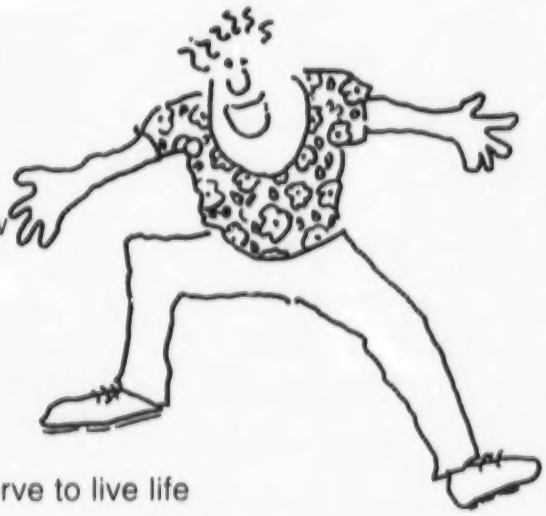
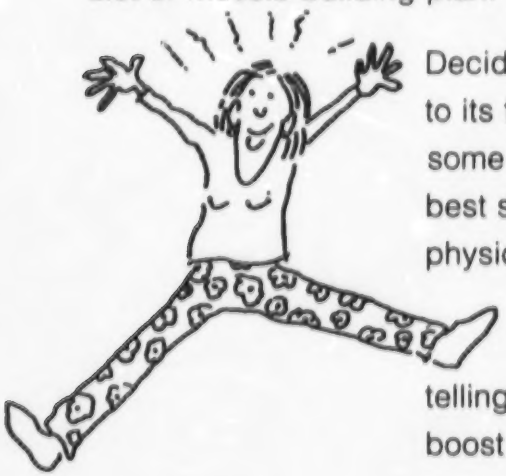
Vital Strokes

One way to think about how we deal with ourselves and other people, is to think about giving and getting "strokes." Some strokes are positive and make us feel good; others are negative and make us feel bad. For example, we give ourselves positive strokes when we like how we look, when we feed ourselves healthy food and when we share active times with family and friends. We give ourselves negative strokes when we hassle ourselves about our weight, or when we don't eat well, or when we hurt ourselves with too much or too little physical activity.





VITALITY means feeling positive about how you look, how your body moves and how you choose to eat well and stay active. You no longer need to spend time trying to be perfect and searching for the right diet or muscle-building plan.



Decide that you deserve to live life to its fullest and enjoy giving yourself some positive strokes. Some of the best strokes are small, everyday things: physical activities that are fun and easy to do, eating experiences that nourish your spirit as well as your body, and telling yourself good things that boost your self-image.

(continued...)

1. List three ways you can make healthy eating more pleasurable (e.g., I can add variety by trying new recipes or eating ethnic foods I haven't tried before).

2. List three types of activities that you enjoy. Include:
   - everyday activities such as walking for errands or gardening;
   - some activities you can enjoy with others, such as dancing, bowling and playing at the park with the kids; and
   - some activities that are strenuous enough to make your heart rate beat faster, such as cycling and roller skating.

3. Affirmation means declaring that a certain thing is true. Write down three positive statements about yourself (e.g., I am a loyal friend; I learn quickly; I am an attractive person). Repeat these statements to yourself every day and affirm them as true.

4. Read over what you have written in this exercise and choose one or two things from each list that will give you positive strokes. Start now!

Giving yourself, your family and your friends positive strokes will help you make the VITALITY lifestyle a reality. All you have to do is eat well, stay active and feel good about yourself.

Enjoy eating well, being active and feeling good about yourself. That's

Food for Thought*

Healthy eating means eating a wide variety of foods you enjoy, especially grains, vegetables and fruit. It also means choosing lower-fat foods more often and cutting down on the amount of fat you use to prepare foods. *Canada's Food Guide to Healthy Eating* has lots of tips and suggestions to help you make healthy eating a part of your everyday life.

Add less fat, and lots of flavour and eye appeal to the foods you eat. Here are a few suggestions:

- Treat your taste buds, try Italian, Chinese, Middle Eastern or any of the other delicious ethnic food Canada has to offer.
- Serve smaller portions. Offer seconds to those who want more.
- Make soups or stews a day ahead and refrigerate. Skim off any fat that hardens on top.
- Use only a little of high-fat salad ingredients such as: salad dressings, avocado, bacon bits, olives, high-fat cheeses, nuts and croutons.
- Traditional dippers like potato chips and taco chips are high in fat. Try raw vegetables for a change, they're tasty and easy to prepare.
- Instead of frying, try a lower-fat cooking method, such as broiling, baking or grilling. Basting with wine, lemon juice or broth will keep food moist and add flavour. Poaching and braising are also good cooking methods.
- For a stir-fry, try steaming food in a little tomato juice, bouillon or chicken stock rather than using oil.

(continued...)

- Serve vegetables plain or sprinkle them with chives or parsley or a little lemon juice.
- Angel food cake contains only a trace of fat. Serve it with fresh fruit or a sauce made with plain yogurt and frozen berries.

What about adding some of your own ideas for healthy eating?

- _____
- _____
- _____
- _____
- _____

The choices are endless! Stay positive and

- Healthy eating and great taste go hand in hand.
- There are no "good" or "bad" foods.
- Everything tastes better when you enjoy it with family and friends.

Enjoy!

* Adapted from "Tips for Low-Fat Cooking," Halton Regional Health Department, in *The Healthy Weight Program*, Nutrition Services, Halton Regional Health Department, 1994.

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Active Living — No Excuses*

Active living encourages everyone, not just people who are young and fit, to make enjoyable physical activity a part of their everyday life. Active living includes just about anything, from gardening and walking to badminton and golf.

Excuses, excuses

Check off the excuses you've given for not exercising:

- ⬭ "I hate the idea of exercise." Try it, you'll like it (though maybe not the first time out).
- ⬭ "I'm too tired to exercise." Start out by doing just a little bit, then gradually build it up, you'll end up feeling less tired.
- ⬭ "A person my age would look ridiculous jogging." Who said you have to jog? Would you look ridiculous walking? (Anyway, people of all ages jog.)
- ⬭ "I feel fine, I don't need to exercise." You may not be ill, but that's not the same as being positively fit and well. And if you don't exercise, your heart and circulatory system cannot be in tip top shape.
- ⬭ "I'm too heavy to exercise." That's an excellent reason to start.
- ⬭ "I don't have time." There are exercises you can do while shopping, reading and watching T.V., sit-ups and stretching, for example.

(continued...)

- "Exercise will make me hungrier. I'll eat more and put on weight, not lose it." Exercise doesn't have to increase your appetite. Moderate exercise before a meal can even curb an appetite.

Add any other excuses you've made for not being active, as well as good reasons for being active.

- _____
  _____
- _____
  _____
- _____
  _____

* Adapted from "The Exercise Book," Standford Centre for Research in Disease Prevention, California, 1986, in The Healthy Weight Program, Nutrition Services, Halton Regional Health Department, 1994.

Enjoy eating well, being active and feeling good about yourself. That's

What I Like About Me*

Liking yourself and your body is an important part of VITALITY and can help you reach and stay at a healthy weight.

Try saying positive things to yourself every day. For example:

- I accept myself and others.
- I am proud of the things I've done.
- I have a sense of humour.
- I enjoy my work.
- I am aware of my strengths and weaknesses
- I have a good outlook on life.
- I want to keep growing and changing to feel better about myself.
- I don't let fear keep me from doing all I want to do.
- I am realistic about the goals that I set.
- I know what is important for me.
- I look forward to the future.

(continued...)

Add a few more of your own:

- _____
- _____
- _____
- _____
- _____
- _____

* Adapted from the Ontario Ministry of Health's "I Rate +" program, in The Healthy Weight Program, Nutrition Services, Halton Regional Health Department, 1994.

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More Than Just a Body*

Being thin isn't the answer — it's what's inside that counts. Work at making how you look less important in your life. Easier said than done? Here are some exercises to help you feel good about your body and yourself.

- Remind yourself of all the things you are besides a body.

  "I am ... caring, worthwhile, growing, ..., ..., ..." .
  (fill in the blanks)

- Stop thinking that being thinner is the answer to all of life's problems. Deal with and set goals about the real issues in your life.

  Goals for my job: .....

  .....

  .....

  Goals for my relationships: .....

  .....

  .....

- Scales belong on a fish. Try to keep off the scales. Too many people let the scales tell them how their life is going to be — "Tell me machine, how should I feel today?"

(continued...)

- Do two things each day that you would have done in the past only if you were thinner. Do the same things every day for a while, then try riskier activities. Behave like a person who is comfortable with her body. Watch what happens to the way you walk, eat, relate to people.

  Activity 1: .....

  .....

  Activity 2: .....

  .....

- Stop judging your body. If you find yourself being critical of your body, replace the thought with a neutral thought like "the sky is blue." It will help to stop negative feelings.

- Get rid of clothes that don't fit. Wearing tight clothing only tells you how "not right" your body is.

- Find ways to reward yourself other than by eating.

I can reward myself by: .....

.....

.....

.....

.....

* Adapted from The National Eating Disorder Information Centre Bulletin, April/May, 1987. Developed by Public Health Nutritionists in Ontario; distributed by Nutrition Services, Halton Regional Health Department.

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VITALIT

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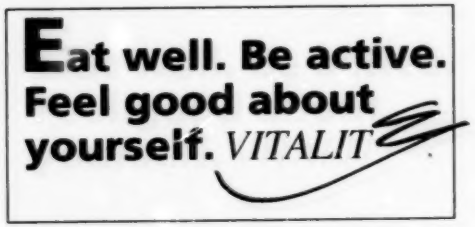
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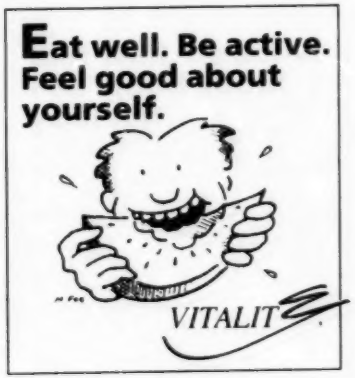
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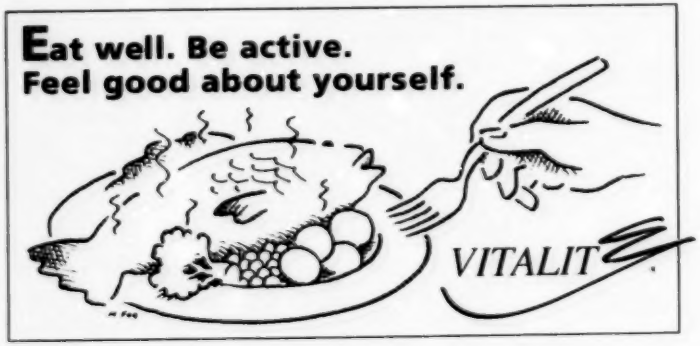
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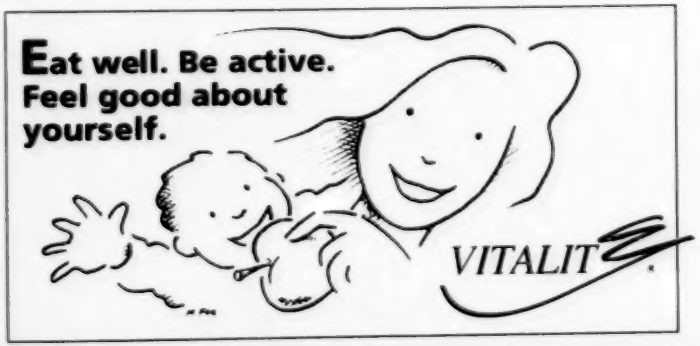
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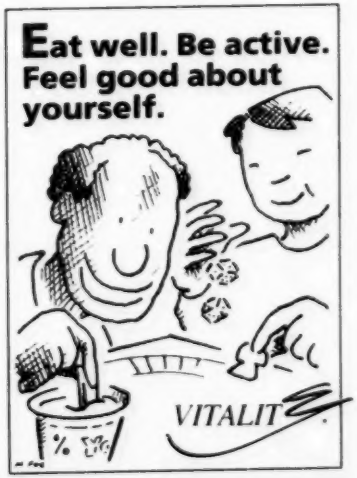
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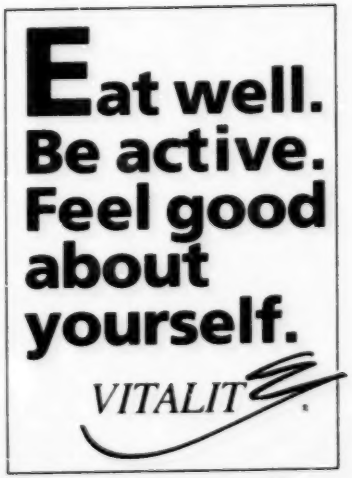
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